

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7344

STATE FILE NUMBER

63-030530

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in lb
5 Wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bethesda Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain

c. CITY OR TOWN Vandalia Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 107 W. Washington
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
ZELLA SMITH

4. DATE OF DEATH
Month Day Year
July 14, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
9/9/81

9. AGE (last birthday)
81

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Waitress

10b. KIND OF BUSINESS OR INDUSTRY
Retired

11. BIRTHPLACE (City and state or country)
Illinois

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John Clark

13b. MOTHER'S MAIDEN NAME

Rowena Brown

14. NAME OF HUSBAND OR WIFE

J.R. Smith (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, ☒ or unknown) (If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT

Address
Carrie Akers, 3207 S. 9th, St. Louis Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart diseases

over 2 years

DUE TO (c)

Generalized Arteriosclerosis

only 2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Paralysis, Agitation, Pulmonary Congestion, Pleural eff

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
4200

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 29, 1963 to July 14, 1963 and last saw her alive on July 14, 1963
Death occurred at 9:48 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
Leroy E. Ellison M.D.

22b. ADDRESS

3610 So Broadway, St. Louis Mo

22c. DATE SIGNED

7/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
7/17/63

23c. NAME OF CEMETERY OR CREMATORY
Thistlewood Mounds, Ill.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

McLaughlin, 2301 Lafayette, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

JUL 16 1963

26. REGISTRAR'S SIGNATURE

Loel Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

SEP 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

H. J. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.